

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF RHODE ISLAND

STATE OF COLORADO, *et al.*,

Plaintiffs,

v.

U.S. DEPARTMENT OF  
HEALTH AND HUMAN SER-  
VICES, *et al.*,

Defendants.

Civil Action No. 25-cv-121-MSM-LDA

**DECLARATION OF JAMIE LEGIER**

Pursuant to 28 U.S.C. § 1746, I, Jamie Legier, declare as follows:

1. I am the Director of the Office of Grants Services at the Centers for Disease Control and Prevention (“CDC”), the United States Department of Health and Human Services (“HHS”).

2. In that capacity, my official duties include providing fiscal stewardship across the agency, and I serve as the agency’s principal advisor and liaison on all aspects of grants, including grants financial management activities.

3. I have experience with HHS’s record systems regarding grant awards issued by CDC, a sub-agency of HHS. These records are made in the course of regularly conducted business activity at or near the time of relevant events by a person with knowledge of these events.

4. In the course of preparing this declaration, I have examined the office records available to me regarding grants awarded by CDC.

5. At issue in this litigation are grants provided by CDC to prevent, prepare for, and mitigate against COVID-19. These grants were issued in the midst of the COVID-19 pandemic, utilizing supplemental funds appropriated through a number of appropriations acts passed by Congress in response to the COVID-19 pandemic.

6. In response to the COVID-19 public health emergency, CDC, either directly or by and through HHS, received supplemental funding from the following appropriations bills:

- The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Pub. L. No. 116-123, 134 Stat. 146 (2020) (“CPRSA”);
- The Families First Coronavirus Response Act, Pub. L. No. 116–127, 134 Stat. 178 (2020) (“FFCRA”);
- The Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, 134 Stat. 281 (2020) (“CARES”);
- The Paycheck Protection Program and Health Care Enhancement Act, Pub. L. No. 116-139, 134 Stat. 620 (2020) (“PPP”);
- The Coronavirus Response and Relief Supplemental Appropriations Act, (2021) Pub. L. No. 116-260, 134 Stat. 1182 (“CRRSAA”); and
- The American Rescue Plan Act of 2021 (“ARPA”) Pub. L. No. 117-2, 135 Stat. 4 (2021) (“ARPA”).

7. With respect to the CDC, some of these bills specify, with varied wording, a minimum amount of funding to be provided to state, tribal, local, and territorial entities, commonly referred to by HHS as “STLTs” and the date by which the funding must be made available or obligated by CDC.

8. I am aware, in my role at CDC, that both HHS and CDC track each of the appropriated funding streams and the expenditure of those funds to each grant recipient.

9. For the CPRSA, Congress appropriated \$2.2 billion to CDC, of which \$950,000,000 was specifically appropriated for awards to STLTS, to remain available until September 30, 2022. As of April 14, 2025, CDC made available \$1,120,474,306 to the STLTS, and the STLTS spent \$1,099,398,182 of the awarded CPRSA funds.

10. For the CARES Act, Congress appropriated \$4.3 billion to CDC, of which \$1.5 billion was specifically appropriated for awards to STLTS, to remain available until September 30, 2024. As of April 14, 2025, CDC made available \$2,108,388,501 to the STLTS, and the STLTS spent \$1,812,715,188 of the awarded CARES Act funds.

11. For the PPP, Congress appropriated \$11,000,000,000 to HHS for STLTS in total, without specifying that the appropriation go through CDC. Of this appropriation, Congress specified that \$750,000,000 be appropriated for the Indian Health Service, resulting in \$10,250,000,000 billion appropriated for non-Indian Health Service STLTS. HHS also transferred another \$282,311,516 to CDC, and Congress separately appropriated another \$1,000,000,000 directly to CDC under the PPP. As of April 14, 2025, CDC made available \$11,652,785,823 to the STLTS, and the STLTS spent \$10,029,206,313 of the awarded PPP funds.

12. For the CRRSAA, Congress appropriated \$8.75 billion to CDC, of which \$4.29 billion was specifically appropriated for awards to STLTs, to remain available until September 30, 2024. As of April 14, 2025, \$5,426,073,054 was made available to the STLTs from CRRSAA funds, and the STLTs spent \$3,811,438,554 of the awarded CRRSAA funds.<sup>1</sup>

13. For the ARPA, Congress appropriated \$1 billion to CDC. CDC received another \$17,964,597,077 from HHS and CMS under ARPA. As of April 14, 2025, \$18,964,597,077 was made available to the STLTs, and the STLTs had spent \$12,241,082,518 of the awarded ARPA funds. As of April 14, 2025, HHS records show \$6,723,514,559 of unspent ARPA funds that had been awarded to STLTs.<sup>2</sup>

I HEREBY DECLARE, to the best of my knowledge and belief, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

EXECUTED this April 24, 2025, in Atlanta, GA.

/s/ Jamie Legier

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<sup>1</sup> In addition to this CDC-specific allocation under CRRSAA, Congress appropriated \$22.4 billion to HHS, to remain available until September 30, 2022, and directed that money go to the STLTs within 21 days of the date of enactment of the Act. HHS provided that money to CDC for the sub-agency to obligate. In total, including both provisions, CDC awarded a total of \$26.7 billion to STLTs. As of April 14, 2025, STLTs spent \$17.9 billion of the CRRSAA total awarded to them by CDC, leaving a total of more than \$8.8 billion unspent.

<sup>2</sup> In my prior declaration in this matter, dated April 14, 2025, I provided an estimate of \$5.8 billion of unspent or expired funding that had been appropriated directly to CDC for COVID-19 grants. That number did not include broader HHS COVID-19 funding that had been made available to STLTs through CDC.